

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9239**  
Registrar's No. **2722**

Registration District No. **799**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **City Hospital, #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Mo. 8 Days**  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME **William Knopfel**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Louisa Knopfel** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **Feb. 12 1867**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **1** Days **9** If less than one day  
hr. min.

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business **Unknown Knopfel**

12. Name **Unknown Knopfel**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Lawrence Knopfel**

(b) Address **3398 Maury Ave.**

17. (a) **Burial** (b) Date thereof **3-25-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuaries**

(b) Address **4228 So. Kingshighway**

19. (a) **MAR 23 1940** (b) **J. B. Bredlich**  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**  
(If outside city or town limits, write "RURAL")  
(c) City or town **St. Louis**  
(d) Street No. **3398 Maury Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21**,  
year **1940** hour **9:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **February 13, 1940** to **March 21, 1940**  
that I last saw him alive on **March 21, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of esophagus**  
**cellulitis of anterior abdominal wall.** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

PHYSICIAN

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature **J. E. Van Kavel** (M. D. or other) \_\_\_\_\_

Address **615 Lafayette** Date **3/22/40**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Reinhold H. Lohman  
Licensed Embalmer No. 3395

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.